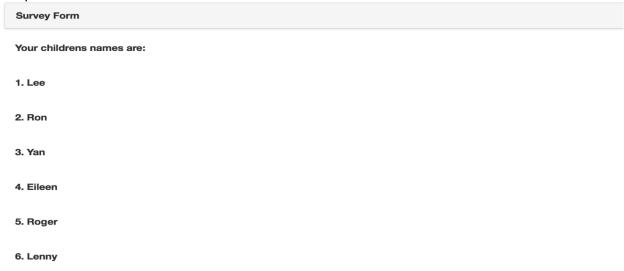
This window is used for taking input from user

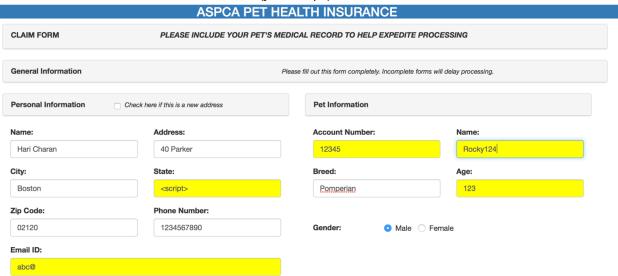
Survey Form	
How many children do you have?	
Number of Children	
Submit Query	
vnamically text fields are created	based upon the input by user
ease enter the name of child number 1	Please enter the name of child number 2
Children Name	Children Name
ease enter the name of child number 3	Please enter the name of child number 4
Children Name	Children Name
ease enter the name of child number 5 Children Name	Please enter the name of child number 6 Children Name
ser will input the name of children	ns
Survey Form	
lease enter the name of child number 1	Please enter the name of child number 2
lease enter the name of child number 1	Please enter the name of child number 2 Ron
lease enter the name of child number 1 Lee	
lease enter the name of child number 1 Lee lease enter the name of child number 3	Ron
Please enter the name of child number 1 Lee Please enter the name of child number 3 Yan	Please enter the name of child number 4

Output once user enter the name of the childrens



Part 4

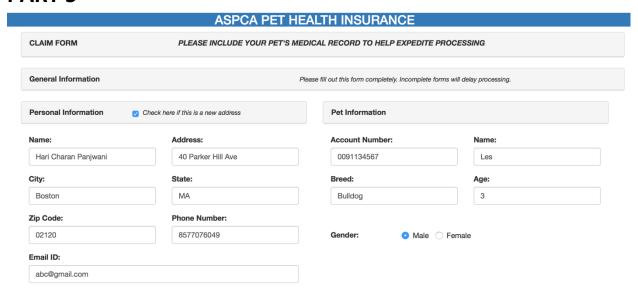
Insurance Form is sanitize on client-side (javascript) and server-side



This claim is related to:	Veterinarian:	
○ Accident • Illness ○ Wellness	Ramchandani	
Is this claim an estimate for future treatment?	Clinic Name:	
• Yes O No	Boston Children Hospital	
Total amount claimed:	Phone Number:	
Claimed Amount is Required	Phone Number should have exactly 10) digits
Date Illness/Injury first occurred:	Fax Number:	
01/21/2016	1234567890	
Send Payment To:	Did any other veterinarian treat your po	et:
Me Veterinarian	Yes ○ No	
Is this a new condition:		
• Yes O No		
Date Illness/Injury first occurred:	Fax Number:	
01/21/2016	1001507000	
Send Payment To:	From "http://localhost:8080": our pe	et:
○ Me ○ Veterinarian	You must read terms and conditions. And Please agree to the terms first.	
Is this a new condition:	ОК	
• Yes O No		
Pet Owner Declaration		
☐ I confirm to the best of my knowledge the above statement benefit. I understand that I am financially responsible to my vereceipts. I also understand that the deliberate misrepresentative and/or the cancellation of coverage. I authorize United States including the insurance claim records and medical records as authorize these entities to disclose identifying information about 10 per 10 pe	prinarian for the entire treatment. I understand that this claim n of the animal?s condition or the omission of any material fa ire Insurance Company and its business partners to review a o examination, history, diagnosis, treatment and prognosis w	cannot be adjusted without itemized cts may result in the denial of the claim nd obtain a copy of ALL RECORDS ith respect to any condition. I further
hari sharan paniwani		02/03/2016
SUBMIT		
Please read IMPOR	ANT NOTICE document that follows for additional information	
, logge read livin on	22 232 Maria	
	Thank you for submitting the form Your request will be processed shortly	
Field Name	Details	
Name:	Hari+Charan	

40+Parker Address: City: Boston State: script Zip Code: 02120 Contact Number: 1234567890 Email ID: abc@gmail.com Account Number: 1234567890 Pet Name: Rocky Breed: Pomperian Age: 12 Gender: Diagnosis: select+from+table

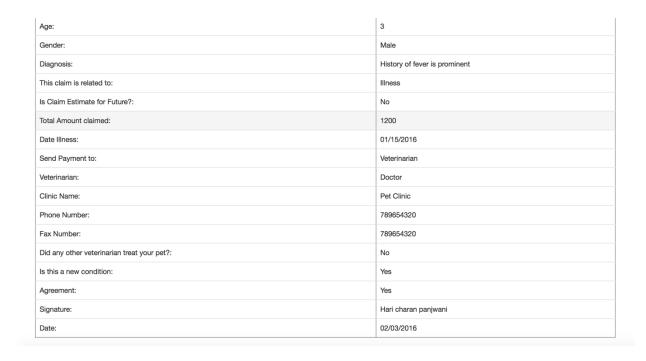
This claim is related to:	Illness
Is Claim Estimate for Future?:	Yes
Total Amount claimed:	123
Date Illness:	01/21/2016
Send Payment to:	Veterinarian
Veterinarian:	Ramchandani
Clinic Name:	Boston+Children+Hospital
Phone Number:	1234678905
Fax Number:	1234567890
Did any other veterinarian treat your pet?:	Yes
Is this a new condition:	Yes
Agreement:	Yes
Signature:	hari+charan+panjwani
Date:	02/03/2016

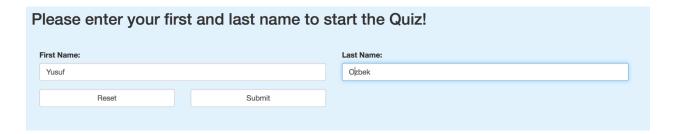


ory of Occurence / Diagnosis	-Please describe this incident, in	-Please describe this incident, including dates, details and symptons leading upto it.		
History of fever is prominent				
This claim is related to:		Veterinarian:		
○ Accident • Illness ○ Wellness		Doctor		
Is this claim an estimate for future trea	atment?	Clinic Name:		
○ Yes ○ No		Pet Clinic		
Total amount claimed:		Phone Number:		
1200		789654320		
Date Illness/Injury first occurred:		Fax Number:		
01/15/2016		789654320		
Send Payment To:		Did any other veterinarian treat your pet:		

Thank you for submitting the form Your request will be processed shortly

Details
Hari Charan Panjwani
Yes
40 Parker Hill Ave
Boston
MA
02120
8577076049
abc@gmail.com
0091134567
Les
Bulldog
3

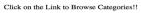






Quiz Page 2
Question 2. Which statement is not true about ServletConfig?
There is one servlet config per one application
We can access Servletcontext through it
Provide deploy-time information to server
There is one servlet config per one servlet
Next
Quiz Page 2
Quiz Page 3
Question 3. Which of these life-cycle method you can over-ride in your class?
init()
• service()
odoGet()
All of these
Next
Quiz Page 4
Ougstion 4 Which weathed is called when alignt request come?
Question 4. Which method is called when client request come?
• get()
post() init()
service()
Next
Quiz Page 5
Question 5. Which life cycle method is called once in servlet life?
• Class loading
init()
service() destroy()
Next

Quiz Result		Submitted Ans 6:
Participant Details		doPost
First Name:	Last Name:	O beatter than 7
Yusuf	Uzbek	Submitted Ans 7:
Submitted Ans 1:		service
post		
Submitted Ans 2:		Submitted Ans 8:
We can access Servletcontext through	gh it	ita
Submitted Ans 3:		init
service()		
Submitted Ans 4:		Submitted Ans 9:
get()		system.gc
Submitted Ans 5:		
Class loading		Submitted Ans 10:
Submitted Ans 6:		web-app
doPost		









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